

111TH CONGRESS
1ST SESSION

H. R. 1932

To increase the number of well-trained mental health service professionals (including those based in schools) providing clinical mental health care to children and adolescents, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 2, 2009

Mr. KENNEDY (for himself, Ms. ROS-LEHTINEN, and Mr. LEWIS of Georgia) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To increase the number of well-trained mental health service professionals (including those based in schools) providing clinical mental health care to children and adolescents, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Child Health Care Cri-
5 sis Relief Act of 2009”.

1 **SEC. 2. FINDINGS.**

2 The Congress finds the following:

3 (1) The Center for Mental Health Services esti-
4 mates that 20 percent or 13,700,000 of the Nation's
5 children and adolescents have a diagnosable mental
6 disorder, and about $\frac{2}{3}$ of these children and adoles-
7 cents do not receive mental health care.

8 (2) According to "Mental Health: A Report of
9 the Surgeon General" in 1999, there are approxi-
10 mately 6,000,000 to 9,000,000 children and adoles-
11 cents in the United States (accounting for 9 to 13
12 percent of all children and adolescents in the United
13 States) who meet the definition for having a serious
14 emotional disturbance.

15 (3) According to the Center for Mental Health
16 Services, approximately 5 to 9 percent of United
17 States children and adolescents meet the definition
18 for extreme functional impairment.

19 (4) According to the Surgeon General's Report,
20 there are particularly acute shortages in the num-
21 bers of mental health service professionals serving
22 children and adolescents with serious emotional dis-
23 orders.

24 (5) According to the National Center for Edu-
25 cation Statistics in the Department of Education,
26 there are approximately 479 students for each school

1 counselor in United States schools, which ratio is al-
2 most double the recommended ratio of 250 students
3 for each school counselor.

4 (6) According to the Bureau of Health Profes-
5 sions in 2000, the demand for the services of child
6 and adolescent psychiatry is projected to increase by
7 100 percent by 2020.

8 (7) The development and application of knowl-
9 edge about the impact of disasters on children, ado-
10 lescents, and their families has been impeded by crit-
11 ical shortages of qualified researchers and practi-
12 tioners specializing in this work.

13 (8) According to the Bureau of the Census, the
14 population of children and adolescents in the United
15 States under the age of 18 is projected to grow by
16 more than 40 percent in the next 50 years from 70
17 million to more than 100 million by 2050.

18 (9) There are approximately 7,000 child and
19 adolescent psychiatrists in the United States. Only
20 300 child and adolescent psychiatrists complete
21 training each year.

22 (10) According to the Department of Health
23 and Human Services, racial and ethnic minority rep-
24 resentation is lacking in the mental health work-
25 force. Although 12 percent of the United States pop-

1 ulation is African-American, only 2 percent of psy-
2 chologists, 2 percent of psychiatrists, and 4 percent
3 of social workers are African-American providers.
4 Moreover, there are only 29 Hispanic mental health
5 professionals for every 100,000 Hispanics in the
6 United States, compared with 173 non-Hispanic
7 white providers per 100,000.

8 (11) According to a 2006 study in the Journal
9 of the American Academy of Child and Adolescent
10 Psychiatry, the national shortage of child and ado-
11 lescent psychiatrists affects poor children and ado-
12 lescents living in rural areas the hardest.

13 (12) According to the Department of Health
14 and Human Services, the “U.S. mental health sys-
15 tem is not well equipped to meet the needs of racial
16 and ethnic minority populations”. This is quite evi-
17 dent in access to care issues involving racial and eth-
18 nic minority children. Studies have shown that there
19 are striking racial and ethnic differences in the utili-
20 zation of mental health services among children and
21 youth. Overall, mental health services meet the
22 needs of 31 percent of non-minority children, but
23 only 13 percent of minority children (Ringel, J.S. &
24 Sturm, R. (2001). National estimates of mental
25 health utilization and expenditures for children.

1 Journal of Behavioral Health and Research, 28,
2 319–333).

3 (13) According to the National Center for Men-
4 tal Health and Juvenile Justice, 70 percent of youth
5 involved in State and local juvenile justice systems
6 throughout the country suffer from mental dis-
7 orders, with at least 20 percent experiencing symp-
8 toms so severe that their ability to function is sig-
9 nificantly impaired.

10 (14) The Institute of Medicine, in a report enti-
11 tled “Improving the Quality of Health Care for Men-
12 tal and Substance-Use Disorders, Quality Chasm Se-
13 ries” (2006), recommended that clinicians and pa-
14 tients communicate effectively and share information
15 to ensure high-quality care, which is enhanced with
16 education programs that allow families and con-
17 sumers to share information with mental health pro-
18 viders about the lived experience of mental illness.

19 **SEC. 3. LOAN REPAYMENTS, SCHOLARSHIPS, AND GRANTS**
20 **TO IMPROVE CHILD AND ADOLESCENT MEN-**
21 **TAL HEALTH CARE.**

22 Part E of title VII of the Public Health Service Act
23 (42 U.S.C. 294n et seq.) is amended by adding at the end
24 the following:

1 **“Subpart 3—Child and Adolescent Mental Health**
2 **Care**

3 **“SEC. 771. LOAN REPAYMENTS, SCHOLARSHIPS, AND**
4 **GRANTS TO IMPROVE CHILD AND ADOLES-**
5 **CENT MENTAL HEALTH CARE.**

6 “(a) LOAN REPAYMENTS FOR CHILD AND ADOLES-
7 CENT MENTAL HEALTH SERVICE PROFESSIONALS.—

8 “(1) ESTABLISHMENT.—The Secretary, acting
9 through the Administrator of the Health Resources
10 and Services Administration, may establish a pro-
11 gram of entering into contracts on a competitive
12 basis with eligible individuals under which—

13 “(A) the eligible individual agrees to be
14 employed full-time for a specified period (which
15 shall be at least 2 years) in providing mental
16 health services to children and adolescents; and

17 “(B) the Secretary agrees to make, during
18 not more than 3 years of the period of employ-
19 ment described in subparagraph (A), partial or
20 total payments on behalf of the individual on
21 the principal and interest due on the under-
22 graduate and graduate educational loans of the
23 eligible individual.

24 “(2) ELIGIBLE INDIVIDUAL.—For purposes of
25 this section, the term ‘eligible individual’ means an
26 individual who—

“(A) is receiving specialized training or clinical experience in child and adolescent mental health in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing, social work, school social work, marriage and family therapy, school counseling, or professional counseling and has less than 1 year remaining before completion of such training or clinical experience; or

“(B)(i) has a license or certification in a State to practice allopathic medicine, osteopathic medicine, psychology, school psychology, psychiatric nursing, social work, school social work, marriage and family therapy, school counseling, or professional counseling; and

“(ii)(I) is a mental health service professional who completed (but not before the end of the calendar year in which this section is enacted) specialized training or clinical experience in child and adolescent mental health described in subparagraph (A); or

“(II) is a physician who graduated from (but not before the end of the calendar year in which this section is enacted) an accredited

1 child and adolescent psychiatry residency or fel-
2 lowship program in the United States.

3 “(3) ADDITIONAL ELIGIBILITY REQUIRE-
4 MENTS.—The Secretary may not enter into a con-
5 tract under this subsection with an eligible indi-
6 vidual unless—

7 “(A) the individual is a United States cit-
8 izen or a permanent legal United States resi-
9 dent; and

10 “(B) if the individual is enrolled in a grad-
11 uate program (including a medical residency or
12 fellowship), the program is accredited, and the
13 individual has an acceptable level of academic
14 standing (as determined by the Secretary).

15 “(4) PRIORITY.—In entering into contracts
16 under this subsection, the Secretary shall give pri-
17 ority to applicants who—

18 “(A) demonstrate a commitment to work-
19 ing with high-priority populations in a medically
20 underserved community;

21 “(B) are located in or are from a medically
22 underserved community;

23 “(C) are working with high-priority popu-
24 lations;

1 “(D) have familiarity with evidence-based
2 methods and cultural competence in child and
3 adolescent mental health services;

4 “(E) demonstrate financial need; and

5 “(F) are or will be working in the publicly
6 funded sector, particularly in community mental
7 health programs described in section
8 1913(b)(1).

9 “(5) MEANINGFUL LOAN REPAYMENT.—If the
10 Secretary determines that funds appropriated for a
11 fiscal year to carry out this subsection are not suffi-
12 cient to allow a meaningful loan repayment to all ex-
13 pected applicants, the Secretary shall limit the num-
14 ber of contracts entered into under paragraph (1) to
15 ensure that each such contract provides for a mean-
16 ingful loan repayment.

17 “(6) AMOUNT.—

18 “(A) MAXIMUM.—For each year that the
19 Secretary agrees to make payments on behalf of
20 an individual under a contract entered into
21 under paragraph (1), the Secretary may agree
22 to pay not more than \$35,000 on behalf of the
23 individual.

24 “(B) CONSIDERATION.—In determining
25 the amount of payments to be made on behalf

1 of an eligible individual under a contract to be
2 entered into under paragraph (1), the Secretary
3 shall consider the eligible individual's income
4 and debt load.

5 “(7) APPLICABILITY OF CERTAIN PROVI-
6 SIONS.—The provisions of sections 338E and 338F
7 shall apply to the program established under para-
8 graph (1) to the same extent and in the same man-
9 ner as such provisions apply to the National Health
10 Service Corps Loan Repayment Program established
11 in subpart III of part D of title III.

12 “(8) AUTHORIZATION OF APPROPRIATIONS.—
13 There is authorized to be appropriated to carry out
14 this subsection \$10,000,000 for each of fiscal years
15 2010 through 2014.

16 “(b) SCHOLARSHIPS FOR STUDENTS STUDYING TO
17 BECOME CHILD AND ADOLESCENT MENTAL HEALTH
18 SERVICE PROFESSIONALS.—

19 “(1) ESTABLISHMENT.—The Secretary, acting
20 through the Administrator of the Health Resources
21 and Services Administration, may establish a pro-
22 gram to award scholarships on a competitive basis to
23 eligible students who agree to enter into full-time
24 employment (as described in paragraph (4)(C)) as a
25 child and adolescent mental health service profes-

1 sional after graduation or completion of a residency
2 or fellowship.

3 “(2) ELIGIBLE STUDENT.—For purposes of
4 this subsection, the term ‘eligible student’ means a
5 United States citizen or a permanent legal United
6 States resident who—

7 “(A) is enrolled or accepted to be enrolled
8 in an accredited graduate program that in-
9 cludes specialized training or clinical experience
10 in child and adolescent mental health in psy-
11 chology, school psychology, psychiatric nursing,
12 behavioral pediatrics, social work, school social
13 work, marriage and family therapy, school
14 counseling, or professional counseling and, if
15 enrolled, has an acceptable level of academic
16 standing (as determined by the Secretary); or

17 “(B)(i) is enrolled or accepted to be en-
18 rolled in an accredited graduate training pro-
19 gram of allopathic or osteopathic medicine in
20 the United States and, if enrolled, has an ac-
21 ceptable level of academic standing (as deter-
22 mined by the Secretary); and

23 “(ii) intends to complete an accredited
24 residency or fellowship in child and adolescent
25 psychiatry or behavioral pediatrics.

1 “(3) PRIORITY.—In awarding scholarships
2 under this subsection, the Secretary shall give—

3 “(A) highest priority to applicants who
4 previously received a scholarship under this
5 subsection and satisfy the criteria described in
6 subparagraph (B); and

7 “(B) second highest priority to applicants
8 who—

9 “(i) demonstrate a commitment to
10 working with high-priority populations in a
11 medically underserved community, includ-
12 ing students from such populations;

13 “(ii) are located in or are from a
14 medically underserved community;

15 “(iii) have familiarity with evidence-
16 based methods in child and adolescent
17 mental health services;

18 “(iv) demonstrate financial need; and

19 “(v) are or will be working in the pub-
20 licly funded sector, particularly in commu-
21 nity mental health programs described in
22 section 1913(b)(1).

23 “(4) REQUIREMENTS.—The Secretary may
24 award a scholarship to an eligible student under this
25 subsection only if the eligible student agrees—

1 “(A) to complete any graduate training
2 program, internship, residency, or fellowship
3 applicable to that eligible student under para-
4 graph (2);

5 “(B) to maintain an acceptable level of
6 academic standing (as determined by the Sec-
7 retary) during the completion of such graduate
8 training program, internship, residency, or fel-
9 lowship; and

10 “(C) to be employed full-time after gradua-
11 tion or completion of a residency or fellowship,
12 for at least the number of years for which a
13 scholarship is received by the eligible student
14 under this subsection, in providing mental
15 health services to children and adolescents.

16 “(5) USE OF SCHOLARSHIP FUNDS.—A scholar-
17 ship awarded to an eligible student for a school year
18 under this subsection may be used only to pay for
19 tuition expenses of the school year, other reasonable
20 educational expenses (including fees, books, and lab-
21 oratory expenses incurred by the eligible student in
22 the school year), and reasonable living expenses, as
23 such tuition expenses, reasonable educational ex-
24 penses, and reasonable living expenses are deter-
25 mined by the Secretary.

1 “(6) AMOUNT.—The amount of a scholarship
2 under this subsection shall not exceed the total
3 amount of the tuition expenses, reasonable edu-
4 cational expenses, and reasonable living expenses de-
5 scribed in paragraph (5).

6 “(7) APPLICABILITY OF CERTAIN PROVI-
7 SIONS.—The provisions of sections 338E and 338F
8 shall apply to the program established under para-
9 graph (1) to the same extent and in the same man-
10 ner as such provisions apply to the National Health
11 Service Corps Scholarship Program established in
12 subpart III of part D of title III.

13 “(8) AUTHORIZATION OF APPROPRIATIONS.—
14 There is authorized to be appropriated to carry out
15 this subsection \$5,000,000 for each of fiscal years
16 2010 through 2014.

17 “(c) CLINICAL TRAINING GRANTS FOR PROFES-
18 SIONALS.—

19 “(1) ESTABLISHMENT.—The Secretary, acting
20 through the Administrator of the Health Resources
21 and Services Administration, in cooperation with the
22 Administrator of the Substance Abuse and Mental
23 Health Services Administration, may establish a pro-
24 gram to award grants on a competitive basis to ac-
25 credited institutions of higher education, or accred-

1 ited professional training programs, to establish or
2 expand internships or other field placement pro-
3 grams for students receiving specialized training or
4 clinical experience in child and adolescent mental
5 health in psychiatry, psychology, school psychology,
6 behavioral pediatrics, psychiatric nursing, social
7 work, school social work, marriage and family ther-
8 apy, school counseling, or professional counseling.

9 “(2) PRIORITY.—In awarding grants under this
10 subsection, the Secretary shall give priority to appli-
11 cants that—

12 “(A) have demonstrated the ability to col-
13 lect data on the number of students trained in
14 child and adolescent mental health and the pop-
15 ulations served by such students after gradua-
16 tion;

17 “(B) have demonstrated familiarity with
18 evidence-based methods in child and adolescent
19 mental health services;

20 “(C) have programs designed to increase
21 the number of professionals serving high-pri-
22 ority populations;

23 “(D) are located in medically underserved
24 communities; and

25 “(E) offer curricula that—

1 “(i) are taught with the collaboration
2 of consumers, family members, or con-
3 sumer and family organizations; and

4 “(ii) include coursework on the per-
5 spectives and life experience of mental
6 health consumers and family members and
7 the importance of the family-professional
8 partnership.

9 “(3) REQUIREMENTS.—The Secretary may
10 award a grant to an applicant under this subsection
11 only if the applicant agrees that—

12 “(A) any internship or other field place-
13 ment program assisted under the grant will
14 prioritize cultural and linguistic competency;

15 “(B) students benefitting from any assist-
16 ance under this subsection will be United States
17 citizens or permanent legal United States resi-
18 dents;

19 “(C) the institution will provide to the Sec-
20 retary such data, assurances, and information
21 as the Secretary may require; and

22 “(D) with respect to any violation of the
23 agreement between the Secretary and the insti-
24 tution, the institution will pay such liquidated

1 damages as prescribed by the Secretary by reg-
2 ulation.

3 “(4) APPLICATION.—The Secretary shall re-
4 quire that any application for a grant under this
5 subsection include a description of the applicant’s
6 experience working with child and adolescent mental
7 health issues.

8 “(5) AUTHORIZATION OF APPROPRIATIONS.—
9 There is authorized to be appropriated to carry out
10 this subsection \$10,000,000 for each of fiscal years
11 2010 through 2014.

12 “(d) PROGRESSIVE EDUCATION GRANTS FOR PARA-
13 PROFESSIONALS.—

14 “(1) ESTABLISHMENT.—The Secretary, acting
15 through the Administrator of the Health Resources
16 and Services Administration, in cooperation with the
17 Administrator of the Substance Abuse and Mental
18 Health Services Administration, may establish a pro-
19 gram to award grants on a competitive basis to
20 State-licensed mental health nonprofit and for-profit
21 organizations (including accredited institutions of
22 higher education) to enable such organizations to
23 pay for programs for preservice or in-service training
24 of paraprofessional child and adolescent mental
25 health workers.

1 “(2) DEFINITION.—For purposes of this sub-
2 section, the term ‘paraprofessional child and adoles-
3 cent mental health worker’ means an individual who
4 is not a mental health service professional, but who
5 works at the first stage of contact with children and
6 families who are seeking mental health services.

7 “(3) PRIORITY.—In awarding grants under this
8 subsection, the Secretary shall give priority to appli-
9 cants that—

10 “(A) have demonstrated the ability to col-
11 lect data on the number of paraprofessional
12 child and adolescent mental health workers
13 trained by the applicant and the populations
14 served by these workers after the completion of
15 the training;

16 “(B) have familiarity with evidence-based
17 methods in child and adolescent mental health
18 services;

19 “(C) have programs designed to increase
20 the number of paraprofessional child and ado-
21 lescent mental health workers serving high-pri-
22 ority populations; and

23 “(D) provide services through a community
24 mental health program described in section
25 1913(b)(1).

1 “(4) REQUIREMENTS.—The Secretary may
2 award a grant to an organization under this sub-
3 section only if the organization agrees that—

4 “(A) any training program assisted under
5 the grant will prioritize cultural competency;

6 “(B) the organization will provide to the
7 Secretary such data, assurances, and informa-
8 tion as the Secretary may require; and

9 “(C) with respect to any violation of the
10 agreement between the Secretary and the orga-
11 nization, the organization will pay such liq-
12 uidated damages as prescribed by the Secretary
13 by regulation.

14 “(5) APPLICATION.—The Secretary shall re-
15 quire that any application for a grant under this
16 subsection include a description of the applicant’s
17 experience working with paraprofessional child and
18 adolescent mental health workers.

19 “(6) AUTHORIZATION OF APPROPRIATIONS.—
20 There is authorized to be appropriated to carry out
21 this subsection \$5,000,000 for each of fiscal years
22 2010 through 2014.

23 “(e) CHILD AND ADOLESCENT MENTAL HEALTH
24 PROGRAM DEVELOPMENT GRANTS.—

1 “(1) ESTABLISHMENT.—The Secretary, acting
2 through the Administrator of the Health Resources
3 and Services Administration, may establish a pro-
4 gram to increase the number of well-trained child
5 and adolescent mental health service professionals in
6 the United States by awarding grants on a competi-
7 tive basis to accredited institutions of higher edu-
8 cation to enable the institutions to establish or ex-
9 pand accredited graduate child and adolescent men-
10 tal health programs.

11 “(2) PRIORITY.—In awarding grants under this
12 subsection, the Secretary shall give priority to appli-
13 cants that—

14 “(A) demonstrate familiarity with the use
15 of evidence-based methods in child and adoles-
16 cent mental health services;

17 “(B) provide experience in, and collabora-
18 tion with, community-based child and adoles-
19 cent mental health services;

20 “(C) have included normal child develop-
21 ment curricula; and

22 “(D) demonstrate commitment to working
23 with high-priority populations.

24 “(3) USE OF FUNDS.—Funds received as a
25 grant under this subsection may be used to establish

1 or expand any accredited graduate child and adoles-
2 cent mental health program in any manner deemed
3 appropriate by the Secretary, including by improving
4 the course work, related field placements, or faculty
5 of such program.

6 “(4) REQUIREMENTS.—The Secretary may
7 award a grant to an accredited institution of higher
8 education under this subsection only if the institu-
9 tion agrees that—

10 “(A) any child and adolescent mental
11 health program assisted under the grant will
12 prioritize cultural competency;

13 “(B) the institution will provide to the Sec-
14 retary such data, assurances, and information
15 as the Secretary may require; and

16 “(C) with respect to any violation of the
17 agreement between the Secretary and the insti-
18 tution, the institution will pay such liquidated
19 damages as prescribed by the Secretary by reg-
20 ulation.

21 “(5) AUTHORIZATION OF APPROPRIATIONS.—
22 There is authorized to be appropriated to carry out
23 this subsection \$15,000,000 for each of fiscal years
24 2010 through 2014.

25 “(f) DEFINITIONS.—In this section:

1 “(1) SPECIALIZED TRAINING OR CLINICAL EX-
2 PERIENCE IN CHILD AND ADOLESCENT MENTAL
3 HEALTH.—The term ‘specialized training or clinical
4 experience in child and adolescent mental health’
5 means training and clinical experience that—

6 “(A) is part of or occurs after completion
7 of an accredited graduate program in the
8 United States for training mental health service
9 professionals;

10 “(B) consists of at least 500 hours of
11 training or clinical experience in treating chil-
12 dren and adolescents; and

13 “(C) is comprehensive, coordinated, devel-
14 opmentally appropriate, and of high quality to
15 address the unique ethnic and cultural diversity
16 of the United States population.

17 “(2) HIGH-PRIORITY POPULATION.—The term
18 ‘high-priority population’ means—

19 “(A) a population in which there is a sig-
20 nificantly greater incidence than the national
21 average of—

22 “(i) children who have serious emo-
23 tional disturbances; or

24 “(ii) children who are racial, ethnic,
25 or linguistic minorities; or

1 “(B) a population consisting of individuals
2 living in a high-poverty urban or rural area.

3 “(3) MEDICALLY UNDERSERVED COMMUNITY.—
4 The term ‘medically underserved community’ has the
5 meaning given to such term in section 799B.

6 “(4) MENTAL HEALTH SERVICE PROFES-
7 SIONAL.—The term ‘mental health service profes-
8 sional’ means an individual with a graduate or post-
9 graduate degree from an accredited institution of
10 higher education in psychiatry, psychology, school
11 psychology, behavioral pediatrics, psychiatric nurs-
12 ing, social work, school social work, marriage and
13 family counseling, school counseling, or professional
14 counseling.”.

15 **SEC. 4. AMENDMENTS TO SOCIAL SECURITY ACT TO IM-**
16 **PROVE CHILD AND ADOLESCENT MENTAL**
17 **HEALTH CARE.**

18 (a) INCREASING NUMBER OF CHILD AND ADOLES-
19 CENT PSYCHIATRY RESIDENTS PERMITTED TO BE PAID
20 UNDER THE MEDICARE GRADUATE MEDICAL EDUCATION
21 PROGRAM.—Section 1886(h)(4)(F) of the Social Security
22 Act (42 U.S.C. 1395ww(h)(4)(F)) is amended by adding
23 at the end the following new clause:

24 “(iii) INCREASE ALLOWED FOR TRAIN-
25 ING IN CHILD AND ADOLESCENT PSYCHI-

1 ATRY.—In applying clause (i), there shall
 2 not be taken into account such additional
 3 number of full-time equivalent residents in
 4 the field of allopathic or osteopathic medi-
 5 cine who are residents or fellows in child
 6 and adolescent psychiatry as the Secretary
 7 determines reasonable to meet the need for
 8 such physicians as demonstrated by the
 9 1999 report of the Department of Health
 10 and Human Services entitled ‘Mental
 11 Health: A Report of the Surgeon Gen-
 12 eral’.”.

13 (b) EXTENSION OF MEDICARE BOARD ELIGIBILITY
 14 PERIOD FOR RESIDENTS AND FELLOWS IN CHILD AND
 15 ADOLESCENT PSYCHIATRY.—Section 1886(h)(5)(G) of
 16 the Social Security Act (42 U.S.C. 1395ww(h)(5)(G)) is
 17 amended—

18 (1) in clause (i), by striking “and (v)” and in-
 19 serting “(v), and (vi)”;

20 (2) by adding at the end the following new
 21 clause:

22 “(vi) CHILD AND ADOLESCENT PSY-
 23 CHIATRY TRAINING PROGRAMS.—In the
 24 case of an individual enrolled in a child
 25 and adolescent psychiatry residency or fel-

lowship program approved by the Secretary, the period of board eligibility and the initial residency period shall be the period of board eligibility for the specialty of general psychiatry, plus 2 years for the subspecialty of child and adolescent psychiatry.”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to residency training years beginning on or after July 1, 2010.

SEC. 5. CHILD MENTAL HEALTH PROFESSIONAL REPORT.

(a) STUDY.—The Administrator of the Health Resources and Services Administration (in this section referred to as the “Administrator”) shall study and make findings and recommendations on—

(1) the distribution and need for child mental health service professionals, including with respect to specialty certifications, practice characteristics, professional licensure, practice types, racial and ethnic backgrounds, locations, education, and training; and

(2) a comparison of such distribution and need, including identification of disparities, on a State-by-State basis.

(b) REPORT.—Not later than 2 years after the date of the enactment of this Act, the Administrator shall sub-

1 mit to the Congress and make publicly available a report
2 on the results of the study required by subsection (a), in-
3 cluding with respect to findings and recommendations on
4 disparities among the States.

5 **SEC. 6. REPORTS.**

6 (a) TRANSMISSION.—The Secretary of Health and
7 Human Services shall transmit a report described in sub-
8 section (b) to the Congress—

9 (1) not later than 3 years after the date of the
10 enactment of this Act; and

11 (2) not later than 5 years after the date of the
12 enactment of this Act.

13 (b) CONTENTS.—The reports transmitted to the Con-
14 gress under subsection (a) shall address each of the fol-
15 lowing:

16 (1) The effectiveness of the amendments made
17 by, and the programs carried out under, this Act in
18 increasing the number of child and adolescent men-
19 tal health service professionals and paraprofessional
20 child and adolescent mental health workers.

21 (2) The demographics of the individuals served
22 by such increased number of child and adolescent
23 mental health service professionals and paraprofes-
24 sional child and adolescent mental health workers.

○